

(Signature of Lobbyist)

(Print Name of lobbyist)

Heidi L. Kroll

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 3 0 2019 I. Name of Lobbyist(s): Heidi L. Kroll; Paul A. Worsowicz **NEW HAMPSHIRE** II. Name of Lobbyist's partnership, firm or corporation, if any: DEPARTMENT OF STATE GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 603-228-1181 603-226-3334 kroll@gcglaw.com (Telephone) (Fax) (Email) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client.) All reportable transactions occurring in the month prior to the reporting date relative to the following client. AMERICA'S HEALTH INSURANCE PLANS (AHIP) (Full Name of Client as it appears on the Lobbyist Registration Form) <u>OR</u> All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 🔲 July 25, 2018 IV. Date of Report: activity from 4/1/18 to 6/30/18 activity from date of registration to 3/31/18 Reports cover: January 30, 2019 🗵 October 31, 2018 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses X If you have paid an honorarium or reimbursed expenses, you must file Addendum B - Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 1 25 2019 (Date)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	Heidi L. Kroll; Paul A. Worsowicz						
II. Name of lobbyist's	s partnership, firm or corporation, if any:						
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.					
(Name of partnership, firm or corporation)							
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	January 3	0, 2019			
lobbying, including fee	ant of all fees received from the client identified above s for services such as public advocacy, government relanitoring legislation, and related legal work. The gross f	ations, or p	oublic relation	ons services,			
a) Total of all fees rece	eived in this reporting period		a) \$	8,068.50			
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)			b) \$ 	40,342.50			
c) Total of all fees received to date. (Add lines a and b)			c) \$	48,411.00			
d) Indicate the amount of any such fees that are due, but have not yet been paid.			d) \$	4,034.25			
fees. Separate reports lobbyist(s)/firm that are are to be reported in oreporting period for sa expenses where the expenses where the expenses where the expenses of a ceremonistatement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each of an unrelated to any one client a separate report may be me of three categories of expenses: (a) the aggregataries, benefits, support staff, and office expenses; (conditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$25 to bobying with a value greater than \$25, but not greater than \$25 to bobying with a value greater than \$25, but not greater than \$25 to bobying with a value greater than \$25 to boby in the province of the province	tient and if filed for the te total of b) the agg turchased of hat is give of \$25.00 greater the 15, purchase ater than \$	f expenditure he lobbyist() f all expense gregate total during a bus n to the per or less); at an \$25.00 fo se of a ceren 550, restaura	es are made by the sylfirm. Expenses es paid during the lof all individuationess lunch where son being lobbied and (c) an itemize or any purpose no nonial object to be ant expenses for a			
support staff, and office b) Total aggregate of e	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$ b) \$		12,102.75			
in a), of \$25 or less.		c) \$.00_			
c) Total of all itemized	expenditures reported in detail in section VI.			.00			

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)		
d) Total expenses for this reporting period. (Add lines a, b and c.)	4) c	12,102.75
(Add lines a, b and c.)	u) s	12,102.73
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	36,308.25
f) Total of all expenses year to date.	f) \$	48,411.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbyi period, including by whom paid or to whom charged.	ng fees during	this reporting
Paid to:	Amount \$	
	s _	
		
<u> </u>		
	s _	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that	t the foregoin	g information
is true and complete to the best of my knowledge and belief.		
(Signature of lobbyist)	1/25/2019	
(Signature of lobbyist)	(Date)	
Heidi L. Kroll		
(Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): America's Health Insurance Plans (AHIP)					
Date of Report (check one):					
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☐ January 30, 2019 🔀					
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
(Signature of Lobbyist) (Date)					
Paul A. Worsowicz (Print Name of lobbyist)					